ENGINEERING PLANNING SERVICES, IN

711A

ARSBITING FREINEE

**OFFICERS** 

D. L WILTON, PRESIDENT

P. L. RULLKE, V. PRESIDENT

R. J. RICHARDSON, SEC.-TREAS.

P. O. BOX 86 • 1520 NORTH MAIN STREET MISHAWAKA, INDIANA • PHONE: 84 9-3-95

MUNICIPAL IMPROVEMENTS . HIGHWAYS URBAN RENEWAL . SUBDIVISIONS . AIRPORTS SURVEYS . REPORTS . TOPOGRAPHIC MAPPING SEWERAGE . WATER . STORM DRAINAGE REINFORCED CONCRETE STRUCTURES



CHIEF ENGINEER AND LAND SURVEYOR
ROBERT J. RICHARDSON, P. E. #9269, L. S. #10251



May 28, 1971



Division of Sanitary Engineering Indiana State Board of Health 1330 West Michigan Street Indianapolis, Indiana - 46206

Dear Sirs:

Transmitted herewith is a copy of a report prepared by our firm which was submitted to the Saint Joseph County Health Department for action.

This site has been granted special use for landfill purposes by the Board of Zoning Appeals as of their May 5th. meeting pending compliance with the Local Ordinances.

Also enclosed is a copy of the application made to the Saint Joseph County Health Department.

This material is for your file and review ..

Very truly yours,

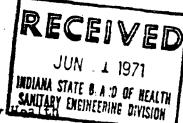
ENGINEERING FLANNING SERVICES, INC.

Robert J. Richardson, P.E.

RJR:ds

프 그 별 보

ACCEPT REFUSE FOR DISPOSAL IN UR OPERATE A REFUSE DISPOSAL SITE IN ST. JOSEPH COUNTY, INDIANA.



2. Representing (name of concern):  General Realty Company  P.O. Box 687  South Bend, Indiana 46624	<b>-</b> 
South Bend, Indiana 46624  3. Location of site: 58701 Linden Road	<b>-</b> -
(address):  P.O. Box 687  South Bend, Indiana 46624  3. Location of site:  58701 Linden Road	- 
South Bend, Indiana 46624  3. Location of site: 58701 Linden Road	<u>-</u>
3. Location of site: 58701 Linden Road	
	-
South Rend Indiana	
Socii Bend, indiana	- 
708.6 feet parallel to the south line of said NE 1; thence need to the east line of said NE 1; thence exposed feet parallel to the south line of said NE 1; thence south feet parallel to the east line of said NE 1; thence south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need to south line of said NE 1; thence need line of said NE 1; thence	outher
Incineration	
	<u> </u>
b. If (5) above is other, describe method: <u>Will only accept rubbish as</u>	<del></del>
defined in ordinance S-99 Section 108	
defined in ordinance S-99 Section 108	<u>.</u>

δ.	Have you received approval for special use of this land from the St. Joseph		
	County Board of Zoning Appeals? YES X NO		
9.	If YES, give date of St. Joseph County Board of Zoning Appeals "Special		
	Use" approval, Date: Note: Submitted for consideration meeting of 5	May	197
10.	Is the business operated by Municipality, a county or another branch of		-
	government. YES X NO		
11.	Is this application for a proposed new operation. X YES WO	-	
12.	If the answer to (11) above is ND, when was this operation started:	· ·	
13.	If this application is for a proposed new operation, have you submitted plans and maps, as provided in the St. Joseph County Refuse Disposal Ordinance, to the Indiana State Board of Health, and have you included a copy with this application.		
	a YESNO (Indiana State Board of Health)		-
-	b. YESNO (St. Joseph County Health Department)		
14.	If the answer to (13) above is YES, have you received approval from the		
	Indiana State Board of Health. YES X NO If yes, date:	-	
15.	I (comes) agree to abide by all the provisions set forth in St. Joseph		
	County Refuse Disposal Ordinance Number S-99.		
16.	Ifo(xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		- -
17.	I (cream) understand that the permit to accept refuse for disposal or operate a refuse disposal site in St. Joseph County may after a hearing, be suspended or revoked at any time for cause, subject to the provisions of the ordinance.		÷ ÷
18. -	I (cross) understand and agree that the Health Officer, or his representatives, may enter upon the site during working hours, to check compliance with Ordinance S-99.		

Sacov 3:

	Our normal working hou	rs are	4. to 4:30 P.N.,	
	Monday thron	Triday		
19.	Owner, corporation, par	rtnership or indivi	dual. Partnership	
20.	Signee represents that	he is owner of, or	enthorised agent for:	
		Name of concern:	General Realty Company	
		Signed:  Date of Applicati	P.O. Box 687, South Bend, Indiana 4  Therefore  Agent  on: April 21, 1971	66